

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES: **FRONT DOOR SCREENING TOOL**

Name: _____ Facility: _____ Date: _____

1. What is the purpose of your visit today? (this question helps to establish if patient, visitor, employee)
2. Have you traveled to an area with widespread or sustained community transmission of Coronavirus?
(within the last 14 days, refer to CDC travel list)
Yes No
3. Have you been in contact with a person that has suspected or **confirmed** Coronavirus?
Yes No
4. Have you had or currently have a fever (100.0 degrees F or greater within the last 14 days)
Yes No
5. Do you have a new or worsening cough AND /OR shortness of breath? (it is a yes for either)
Yes No
6. Temperature: _____

GUIDANCE

- If a person who is not a DMHAS employee or client answers “yes” to any question **OR** has temperature of 100.0 degrees F or higher they should be given a mask and asked to leave the property and advised to consult with their Primary Care Provider.
- If any staff member (any department) entering the building answers “yes” to any question **OR** If temp 100.0 degrees F or higher:
 - place mask on Staff and send staff home
 - staff should contact their supervisor and call their Primary Care Provider.
- If any DMHAS client answers “yes” to any question or looks visibly ill **OR** If temp 100.0 degrees F or higher:
 - place mask on client
 - refer them to their Primary Care Provider (outpatient), and/or consult with facility IP Nurse, or MD (all patients – in or outpatient).
- If any DMHAS client or staff answers “no” but looks visibly ill **OR** If temp 100.0 degrees F or higher:
 - place mask on Staff/client
 - refer them to their Primary Care Provider, and/or consult with facility IP Nurse, or MD

Screening Staff Signature: _____ Name: _____